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Figure 1. A: Typical dense, well-defined, angular "hard" chronic calcification. B: Typical amorphous, oval, soft "paste-like" calcification. Note extension of calcification into the subacromial bursa.

ferentiated from the type of calcification seen with chondrosarcoma and myositis ossificans (Figure 2). Bone ossicles, both posttraumatic and developmental, can usually be differentiated by identifying internal trabecular pattern and marginal cortex.

In the retropharyngeal area, normal overlying structures such as the styloid process and calcification in the stylohyoid ligament must be differentiated from retropharyngeal calcific tendinitis. The lateral mass of C1 may suggest a separate calcification if the lateral radiograph is taken

Acute calcific tendinitis rarely involves more than one site at a time.

with a slight degree of rotation. The ear lobes sometimes overlap the soft tissues of the retropharynx and suggest faint calcification.

Calcification in tophaceous gout may resemble calcifi-

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